

## SITE VISIT REPORT

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- I. VISN 3 Site Visit
- II. July 22 – July 24, 2003
- III. Sites Visited During Trip
  - a. VA New York Harbor HCS (St. Albans Campus, Queens)
  - b. VA Hudson Valley HCS (Castle Point Campus, NY)
  - c. VA Hudson Valley HCS (Montrose Campus, NY)
  - d. VA New York Harbor HCS (Manhattan)
  - e. VA New Jersey HCS (Lyons Campus, NJ)
- IV. Commissioners Battaglia, Ferguson, and Zamberlan, attended all site visits. Pamela Graff and Sara Lee provided staff support.
- V. Overview of Visit to VISN 3
  - a. Commissioner/Staff Impressions of Tour

The Commissioners agreed that the site visits were beneficial and provided important insight into the issues facing VISN 3. Additionally, this experience allowed Commissioners and staff to appreciate the highly urban nature of the New York/New Jersey markets and complexity of travel within the network.

### **St. Albans Campus (NY Harbor HCS)**

The large main building on the St. Albans campus was built and used by US Navy post World War II. For the purposes of patient care, it is costly to operate and is inefficient for healthcare delivery with long un-air conditioned corridors. The network's proposed plan for this campus is to raze all buildings on its 60+ acres and replace them with a 180-bed long-term care facility and a 50 bed domiciliary. Additionally, the network has proposed enhanced use for the remainder of this campus to create veterans housing or an assisted living facility. Commissioners noted that this network would greatly benefit from improved enhance lease opportunities for its large campuses and considerable vacant space.

### **Castle Point Campus (Hudson Valley HCS)/ Montrose Campus (Hudson Valley HCS)**

In this network, Montrose and Castle Point combine to create the Hudson Valley HCS. Administration of these facilities has been consolidated and serves a market area with a 20% penetration of the veteran population. Projections for this market area point to a significantly increased market penetration, and network leadership is concerned that those numbers may overstate future veteran enrollment.

The Castle Point Campus is a 106-acre campus with 27 acute care beds, and 20 SCI beds and 75 long-term care beds. Castle Point qualifies as a small facility for planning purposes, but due to the significant travel issues in this network, the leadership proposes to designate Castle Point as a Critical Access Hospital (CAH) because it is the single facility between the Bronx and Albany. The network recommends consolidating inpatient SCI at the Bronx facility while maintaining outpatient SCI at Castle Point and East Orange.

Montrose is located on a 177-acre campus with significant vacant space, including six vacant buildings. Some of this space is being renovated and used by another federal agency. One of the proposals for this site is to realign domiciliary and all inpatient units, including psychiatry, medicine and nursing home care to Castle Point and retain outpatient care at Montrose in a location that would allow for maximizing the use of enhanced lease of this large campus. Again the Commissioners considered that the large campus would be an ideal location for enhanced use initiatives.

#### **Manhattan (New York Harbor HCS)**

The Commissioners altered the original site visit schedule to have an opportunity to visit the Manhattan in light of new information that this facility is to consider the feasibility of consolidation with the Brooklyn facility. The Manhattan facility provides complex cardiac care and neurosurgery for veterans throughout the VISN and has established affiliations with NYU and other major universities in the Metropolitan New York area. The network has consolidated management of the Manhattan, Brooklyn, and St. Albans facilities and has undertaken to eliminate redundancies among these sites. This includes consolidating complex surgery in Manhattan and oncology in Brooklyn, creating specialty niches at each site. The network feels this approach is essential to maintaining the training status and affiliate relationships at each site. Some of the challenges the network raised with regard to consolidation, include the potential cost of renovating or replacing the large building in Manhattan to provide outpatient care. Additionally, due to the complexity of travel within the New York Metropolitan Area, eliminating inpatient care at this site may have a significant impact on the veteran population in this network.

#### **Lyons Campus (New Jersey HCS)**

The New Jersey HCS comprises the East Orange and Lyons campuses. Commissioners visited the Lyons campus – a 305-acre campus providing long-term and acute psychiatry, residential and nursing home care and residential care. This site has a just-finished outpatient care facility to serve the increasing demand for outpatient care in this market area.

- b. Summary of Meeting(s) with VISN Leadership (can combine if more than one meeting)

- i. Attendees: Commissioners met with VISN and Medical Center leadership from all sites visited: Complete List of Attendees Attached
- ii. Meeting Forum: Network leadership remained with Commissioners throughout the visit. At each site, Commissioners met with individual medical center leadership as well as network leadership.
- iii. Topics of Discussion: Network provided a presentation at each site outlining the CARES process and options considered for the network.

Network reported that it had undertaken a certain amount of consolidation; particularly in medical center administration. The network reported the reduction in FTEs through attrition and the elimination of redundancies among facilities. This includes working closely with stakeholders to develop plans to consolidate inpatient SCI at the Bronx facility.

During the Commission's visit, Network leadership provided a candid view of the CARES process and voiced their concerns about the timeframes associated with CARES, particularly the difficulty of predicting healthcare delivery needs over the next 20 years. They emphasized the possibility of an influx of new veterans from existing and future world conflicts. Network leadership also expressed concerns about the availability of funds to undertake all of the initiatives stemming from this process nationwide and the absence of mental health and long term care in the planning process.

The network also emphasized that the New York/New Jersey area is highly urban and although four of the facilities in this network fall within the "proximity" parameters of the CARES process, that the difficulty of traveling between the boroughs of New York and throughout the network makes this market unique and should be considered within the context of a highly urban area. Commissioners inquired about optimizing space utilization by expanding clinic hours to evenings and weekends. Network leadership commented that they had attempted to implement, but that veterans did not respond favorably to this initiative.

- iv. What did we learn?  
One of the most important issues in this network is transportation and access to care. Although there are several facilities that fall into the proximity planning initiative within the CARES process, these facilities are difficult to access via public transportation and consolidation of services within facilities should be undertaken with travel times and the availability of efficient public transportation in mind.

It appears that VISN 3 has significant vacant space and would greatly benefit from an aggressive enhanced use lease program. Many of the buildings in this network are not well designed for patient care and are aging and costly to maintain. The Commissioners noted that the network might also benefit from increased community partnership including working with local healthcare delivery systems as well as commercial enhanced use partners.

The network has strong relationships with stakeholders and has worked closely with the stakeholder advisory council throughout the CARES process. The Network leadership is concerned about stakeholder reaction to some of the new plans that may be introduced in the Draft National Plan, specifically proposing the consolidation of inpatient care from Manhattan to the Brooklyn facility.

v. Outstanding Questions/Follow-up Items

- Commissioners asked the network for a complete breakdown of vacant space within VISN 3 by facility.
- During the stakeholder meeting, New York Senator Schumer's office requested a briefing on the DNP prior to the VISN 3 Hearings.

c. Summary of Stakeholder Meeting(s)

- i. Describe Meeting Forum: The Commission met with stakeholders at the St. Albans, Castle Point, and Lyons facilities
- ii. Stakeholders Represented: All stakeholder meetings were well attended by the VSOs, Employee Organizations, Congressional offices and Affiliates. A complete list of attendees is attached.
- iii. Topics of Discussion  
Several themes emerged from the stakeholder meetings. Overall the stakeholders felt well informed of CARES and have actively participated in the process. Many stakeholders voiced concern that the process focused too closely on individual VISNs and needed greater coordination across networks. SCI concerns across VISNs 1,2,3, and 4 were cited. Eastern PVA offered to organize a meeting of the stakeholders in these networks.

The network has been able to achieve stakeholder agreement on consolidation efforts, such as relocating all inpatient SCI care to the Bronx facility while maintaining outpatient services at the individual sites. And, although the stakeholders were generally supportive of SCI consolidation initiatives, they wanted assurance that the outpatient care would be made available and adequate beds to support this population would be added to

the Bronx facility in advance of any consolidation. Stakeholders also emphasized the unique healthcare needs of the veteran SCI patient population and the ongoing need for specialized care in this area, particularly with an aging population.

Stakeholders had significant concerns about access to care within the network. Since these are highly urban areas, travel times between the facilities can be excessive and further consolidation or closures should take into account the complexity of travel in this region. This is particularly important considering the aging veteran population and the difficulty of traveling long distances on public transportation in highly urban areas.

Congressional representatives offered assistance in forming public-private partnerships and expressed concern about deterioration of services at any of the VISN 3 sites. Some expressed a desire to expedite the CARES process to eliminate spending valuable resources on empty space and to move forward with enhanced use lease and other public/private partnerships.

Stakeholders consistently expressed concern regarding the availability of funds to accomplish CARES and strongly recommended not making any changes until funding is secured. And, stakeholders do not want to see a decrease in overall funding, but a realignment of assets to support local veterans. Additionally, participants on the CARES advisory committee are concerned about additional changes to the plans stemming from Central Office that undermine or significantly change the work of the networks and stakeholders. Some are highly skeptical of the entire CARES effort and voiced their concerns that adequate Congressional funding would be forthcoming.

Stakeholders expressed concerns about CARES as a data driven approach that did not consider current and unforeseen world events that may impact the veteran population. Additionally, veterans were concerned about the absence of mental health initiatives (PTSD) from the planning process.

- iv. What did we learn? Outline potential issues for hearings  
Stakeholder and Congressional participation in the hearings is likely to be high, particularly with the new consideration to consolidate inpatient care at the Brooklyn site.

VI. VISN Related Comments

Network did an excellent job organizing the site visit, and accommodating schedule and location changes. Network leadership remained with the Commissioners throughout the 3-day visit.

Site Visit Report Approved by Commissioners Battaglia, Zamberlan, and Ferguson